

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Daniel</i>		07-26-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>R</i>	<i>927</i>	<i>07/26/01</i>
RESPONSE FORMALITY REVIEW	<i>Zm</i>		

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

10-20-01  
135-4613